#### ECONOMIC IMPACT STATEMENT

|   | Economic Immet 9   | TTTTETTETT                            |                                 |
|---|--|---------------------------------------|---------------------------------|
| DEPARTMENT NAME   | CONTACT PERSON   | EMAIL ADDRESS                         | TELEPHONE NUMBER                |
| DESCRIPTIVE TITLE FROM NOTICE REGISTER OR FORM 400  | 1  |                                       | NOTICE FILE NUMBER              |
| A. ESTIMATED PRIVATE SECTOR COST IMPA   | CTS Include calculations and assumpti  | ons in the rulemaking record.         |                                 |
| 1. Check the appropriate box(es) below to indicat  a. Impacts business and/or employees  b. Impacts small businesses  c. Impacts jobs or occupations  d. Impacts California competitiveness | e whether this regulation:  e. Imposes reporting req  f. Imposes prescriptive ir  g. Impacts individuals  h. None of the above (Ex | istead of performance                 |                                 |
|   | a through g is checked, complete the<br>s checked, complete the Fiscal Imp   |                                       |                                 |
| 2. The(Agency/Department)   | estimates that the economic in   | mpact of this regulation (which       | includes the fiscal impact) is: |
| Below \$10 million  Between \$10 and \$25 million  Between \$25 and \$50 million  Over \$50 million [If the economic impact is as specified in Governments]                                 | is over \$50 million, agencies are required to<br>ent Code Section 11346.3(c)]   | submit a <u>Standardized Regulato</u> | ory Impact Assessment           |
| 3. Enter the total number of businesses impacted:  Describe the types of businesses (Include nonp   |  |                                       |                                 |
| Enter the number or percentage of total businesses impacted that are small businesses:  |  |                                       |                                 |
| 4. Enter the number of businesses that will be cre- Explain:  | ated: eliminate  | ed:                                   |                                 |
| 5. Indicate the geographic extent of impacts:   | Statewide  Local or regional (List areas):   |                                       |                                 |
| 6. Enter the number of jobs created:  Describe the types of jobs or occupations impa  |  |                                       |                                 |
| 7. Will the regulation affect the ability of California other states by making it more costly to produc If YES, explain briefly:  |  |                                       |                                 |
|   |  |                                       |                                 |

### **ECONOMIC IMPACT STATEMENT (CONTINUED)**

| В. | <b>ESTIMATED COSTS</b> Include calculations and assumptions in the re  | ulemakina record.                                      |                          |  |  |  |  |
|----|--|--|--------------------------|--|--|--|--|
|    |  |  |                          |  |  |  |  |
| 1. | What are the total statewide dollar costs that businesses and individu   |  |                          |  |  |  |  |
|    |  | Annual ongoing costs: \$                               | Years:                   |  |  |  |  |
|    | b. Initial costs for a typical business: \$  |  |                          |  |  |  |  |
|    | c. Initial costs for an individual:  | Annual ongoing costs: \$                               | Years:                   |  |  |  |  |
|    | d. Describe other economic costs that may occur:   |  |                          |  |  |  |  |
|    |  |  |                          |  |  |  |  |
| 2. | If multiple industries are impacted, enter the share of total costs for e  | each industry:   |                          |  |  |  |  |
|    |  | <del>-</del>   |                          |  |  |  |  |
| 3. | If the regulation imposes reporting requirements, enter the annual costs a typical business may incur to comply with these requirements.  Include the dollar costs to do programming, record keeping, reporting, and other paperwork, whether or not the paperwork must be submitted. \$ |  |                          |  |  |  |  |
| 4. | Will this regulation directly impact housing costs?  | NO   |                          |  |  |  |  |
|    | If YES, enter the a  | nnual dollar cost per housing unit: \$                 |                          |  |  |  |  |
|    | Number of units:   |  |                          |  |  |  |  |
| 5. | Are there comparable Federal regulations?  | NO   |                          |  |  |  |  |
|    | Explain the need for State regulation given the existence or absence of  | of Federal regulations:                                |                          |  |  |  |  |
|    |  |  |                          |  |  |  |  |
|    | Enter any additional costs to businesses and/or individuals that may b   | e due to State - Federal differences: \$               |                          |  |  |  |  |
| _  | <b>ESTIMATED BENEFITS</b> Estimation of the dollar value of benefits is  |  |                          |  |  |  |  |
|    |  |  | icouragea.               |  |  |  |  |
| 1. | <ol> <li>Briefly summarize the benefits of the regulation, which may include among others, the<br/>health and welfare of California residents, worker safety and the State's environment:</li> </ol>   |  |                          |  |  |  |  |
|    |  |  |                          |  |  |  |  |
|    |  |  |                          |  |  |  |  |
| 2. | Are the benefits the result of: specific statutory requirements, or  | goals developed by the agency based on bro             | ead statutory authority? |  |  |  |  |
|    | Evoluin:   | _  |                          |  |  |  |  |
|    | Explain:   |  |                          |  |  |  |  |
| 3. | What are the total statewide benefits from this regulation over its life   | time? \$   |                          |  |  |  |  |
| 4. | Briefly describe any expansion of businesses currently doing business  | s within the State of California that would result fro | m this regulation:       |  |  |  |  |
|    |  |  |                          |  |  |  |  |
|    |  |  |                          |  |  |  |  |
|    |  |  |                          |  |  |  |  |
| D. | ALTERNATIVES TO THE REGULATION Include calculations and specifically required by rulemaking law, but encouraged.   | assumptions in the rulemaking record. Estimation       |                          |  |  |  |  |
| 1. | List alternatives considered and describe them below. If no alternative  | es were considered, explain why not:                   |                          |  |  |  |  |
|    |  |  |                          |  |  |  |  |
|    |  |  |                          |  |  |  |  |

#### ECONOMIC IMPACT STATEMENT (CONTINUED)

|                    |                             | ECONOMIC IMITACI STATEMENT (CONTINUED)  |
|--------------------|-----------------------------|---|
| . Summarize th     | e total statewide costs a   | nd benefits from this regulation and each alternative considered:   |
| Regulation:        | Benefit: \$                 | Cost: \$  |
| Alternative 1      | : Benefit: \$               | Cost: \$  |
| Alternative 2      | : Benefit: \$               | Cost: \$  |
| •                  | , .                         | s that are relevant to a comparison<br>his regulation or alternatives:  |
| regulation m       | andates the use of spec     | consider performance standards as an alternative, if a ific technologies or equipment, or prescribes specific ance standards considered to lower compliance costs?  |
| Explain:           |                             |   |
|                    |                             |   |
| MA IOD DEC         | III ATIONS Include cal      | culations and assumptions in the rulemaking record.   |
| . MAJOR REG        |                             | onmental Protection Agency (Cal/EPA) boards, offices and departments are required to  |
|                    |                             | e following (per Health and Safety Code section 57005). Otherwise, skip to E4.  |
| . Will the estim   | ated costs of this regula   | tion to California business enterprises exceed \$10 million? YES NO   |
|                    |                             | If YES, complete E2. and E3 If NO, skip to E4   |
| 2. Briefly describ | oe each alternative, or co  | mbination of alternatives, for which a cost-effectiveness analysis was performed:   |
| Alternative 1:     | :                           |   |
| Alternative 2      |                             |   |
| (Attach additi     | onal pages for other alteri | natives)  |
| 3. For the regul   | ation, and each alternati   | ve just described, enter the estimated total cost and overall cost-effectiveness ratio:   |
| Regulation:        | Total Cost \$               | Cost-effectiveness ratio: \$  |
| Alternative 1:     | : Total Cost \$             | Cost-effectiveness ratio: \$  |
| Alternative 2:     | : Total Cost \$             | Cost-effectiveness ratio: \$  |
| exceeding \$5      | 0 million in any 12-mont    | ew have an estimated economic impact to business enterprises and individuals located in or doing business in California th period between the date the major regulation is estimated to be filed with the Secretary of State through 12 months d to be fully implemented? |
| YES                | NO                          |   |
|                    |                             | a <u>Standardized Regulatory Impact Assessment (SRIA)</u> as specified in<br>nd to include the SRIA in the Initial Statement of Reasons.  |
| 5. Briefly describ | oe the following:           |   |
| The increase       | or decrease of investme     | nt in the State:  |
|                    |                             |   |
| The incentive      | for innovation in produ     | cts, materials or processes:  |
|                    |                             |   |
| The benefits       | of the regulations, includ  | ling, but not limited to, benefits to the health, safety, and welfare of California   |
| residents, wo      | orker safety, and the state | s's environment and quality of life, among any other benefits identified by the agency:   |

### FISCAL IMPACT STATEMENT

| <b>A. FISCAL EFFECT ON LOCAL GOVERNMENT</b> Indicate current year and two subsequent Fiscal Years.                    | appropriate boxes 1 th     | nrough 6 and attach calculatio    | ns and assumptions of fiscal impact for the |
|---|----------------------------|-----------------------------------|---|
| 1. Additional expenditures in the current State Fiscal Y     (Pursuant to Section 6 of Article XIII B of the Californ |                            |                                   |   |
| \$  |                            |                                   |   |
| a. Funding provided in  |                            |                                   |   |
| Budget Act of   |                            |                                   |   |
| b. Funding will be requested in the Governor's Bu   | ıdget Act of               |                                   |   |
|   | Fiscal Year:               |                                   |   |
| 2. Additional expenditures in the current State Fiscal Y (Pursuant to Section 6 of Article XIII B of the Californ     |                            |                                   |   |
| \$Check reason(s) this regulation is not reimbursable and p   | arovido the appropriate i  | nformation                        |   |
| a. Implements the Federal mandate contained in  |                            | mormation.                        |   |
| b. Implements the court mandate set forth by the  | 2                          |                                   | Court.                                      |
| Case of:  |                            | vs                                |   |
| c. Implements a mandate of the people of this Sta   | ate expressed in their a   | oproval of Proposition No.        |   |
| Date of Election:   |                            |                                   |   |
| d. Issued only in response to a specific request fro  | om affected local entity   | (s).                              |   |
| Local entity(s) affected:   |                            |                                   |   |
|   |                            |                                   |   |
| e. Will be fully financed from the fees, revenue, et  | cc. from:<br>              |                                   |   |
| Authorized by Section:  | 0                          | f the                             | Code;                                       |
| f. Provides for savings to each affected unit of loc  | cal government which w     | vill, at a minimum, offset any ad | dditional costs to each;                    |
| g. Creates, eliminates, or changes the penalty for  | a new crime or infraction  | on contained in                   |   |
| 3. Annual Savings. (approximate)  |                            |                                   |   |
| \$  |                            |                                   |   |
| 4. No additional costs or savings. This regulation makes  | only technical, non-sub    | stantive or clarifying changes to | current law regulations.                    |
| 5. No fiscal impact exists. This regulation does not affect   | t any local entity or prog | ıram.                             |   |
| 6. Other. Explain   |                            |                                   |   |
|   |                            |                                   |   |

### FISCAL IMPACT STATEMENT (CONTINUED)

| <b>B. FISCAL EFFECT ON STATE GOVERNMENT</b> Indicate appropriate boxes 1 through 4 and a year and two subsequent Fiscal Years.  | ttach calculations and as | sumptions of fiscal impact for the current |
|---|---------------------------|--|
| 1. Additional expenditures in the current State Fiscal Year. (Approximate)  |                           |  |
| \$  |                           |  |
| It is anticipated that State agencies will:   |                           |  |
| a. Absorb these additional costs within their existing budgets and resources.   |                           |  |
| b. Increase the currently authorized budget level for the   | iscal Year                |  |
| 2. Savings in the current State Fiscal Year. (Approximate)  |                           |  |
| \$  |                           |  |
| 3. No fiscal impact exists. This regulation does not affect any State agency or program.  |                           |  |
| 4. Other. Explain   |                           |  |
|   |                           |  |
| C. FISCAL EFFECT ON FEDERAL FUNDING OF STATE PROGRAMS Indicate appropriate be impact for the current year and two subsequent Fiscal Years.  | oxes 1 through 4 and atta | nch calculations and assumptions of fisca  |
| 1. Additional expenditures in the current State Fiscal Year. (Approximate)  |                           |  |
| \$  |                           |  |
| 2. Savings in the current State Fiscal Year. (Approximate)  |                           |  |
| \$  |                           |  |
| 3. No fiscal impact exists. This regulation does not affect any federally funded State agency or  | program.                  |  |
| 4. Other. Explain   |                           |  |
|   |                           |  |
| FISCAL OFFICER SIGNATURE  |                           | DATE                                       |
| Signature on File   |                           |  |
| The signature attests that the agency has completed the STD. 399 according to the institute impacts of the proposed rulemaking. State boards, offices, or departments not undalighest ranking official in the organization. |                           |  |
| AGENCY SECRETARY  |                           | DATE                                       |
| Signature on File   |                           |  |
| Finance approval and signature is required when SAM sections 6601-6616 require co   | ompletion of Fiscal Im    | pact Statement in the STD. 399.            |
| DEPARTMENT OF FINANCE PROGRAM BUDGET MANAGER  |                           | DATE                                       |
|   |                           |  |